

**Michigan Family Independence Agency  
Office of Children and Adult Licensing  
Child Caring Institution Final Compliance Record**

Institution Name		License #	Compliance
<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Interim <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other	City / County	Inspection Dates	
	Licensed Capacity	<input type="checkbox"/> Short Term <input type="checkbox"/> Open Treatment <input type="checkbox"/> Secure Treatment	
<b>Consultant</b>			
<b>Part 1. General Provisions</b>			
<b>R 400.4104 Rules compliance.</b> Before being licensed as an institution, an original applicant shall comply with the rules for the type of institution the applicant proposes to operate and for which compliance can be achieved prior to beginning operation and shall demonstrate intent to comply with those rules for which compliance can only be demonstrated after the institution has become fully operational.			
<b>R 400.4105 Rule exemption.</b> 1. Upon written request of an applicant or licensee, the department may grant an exemption from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which exemption is sought.			
2. The decision of the department, including the qualification under which the exemption is granted, shall be entered upon the records of the department and a signed copy shall be sent to the applicant or licensee. This exemption may remain in effect for as long as the licensee continues to comply with the intent of the rule or may be time limited.			
<b>R 400.4106 Original licensure; application.</b> An applicant applying for an original license shall provide all of the following:			
(a) Evidence of need for the type of program the institution proposes to provide.			
(b) Evidence of sufficient financial resources to meet applicable licensing rules following the issuance of the initial license.			
(c) A plan of financial accounting developed in accordance with generally accepted accounting practices.			
<b>R 400.4108 Financing and audit.</b> A licensee shall do both of the following:			
(a) Annually develop a plan of financing to carry out the institution's programs to assure that proper care of residents is provided and that licensing rules are followed. The budget shall include projected income and expenditures.			

(b)	Obtain an audit of all financial accounts. Audits for nongovernmental institutions shall be conducted annually by an independent certified public accountant who is not administratively related to the agency.	
<b>R 400.4109 Program statement.</b>		
(1)	An institution shall have a current written program statement which specifically addresses all of the following:	
(a)	The types of children to be admitted for care.	
(b)	The services provided to residents and parents directly by the institution and the services provided by outside resources.	
(c)	Policies and procedures pertaining to admission, care, and discharge of residents.	
(2)	The program statement shall be made available to residents, parents, and referral sources.	
<b>R 400.4111 Job description.</b>		
There shall be a job description for each staff position, which identifies duties, required qualifications, and lines of authority.		
<b>R 400.4112 Staff qualifications.</b>		
A person with ongoing duties shall be of good moral character, emotionally stable, and of sufficient health, ability, experience, and education to perform the duties assigned.		
<b>R 400.4113 Employee records.</b>		
Employee records shall be maintained for each employee and shall include all of the following information: (a) Name.		
(b)	Verification of education where minimum education requirements are specified by rule.	
(c)	Work history.	
(d)	Three references which are obtained prior to employment from persons unrelated to the employee.	
(e)	A record of any convictions other than minor traffic violations.	
(f)	A written evaluation of the employee's performance within a probationary period.	
(g)	Verification of health where specified by rule	
<b>R 400.4114 Tuberculosis screening for employees and volunteers.</b>		
The licensee shall document that each employee and volunteer who has contact with residents 4 or more hours per week for more than 2 consecutive weeks is free from communicable tuberculosis. Freedom from communicable tuberculosis shall be verified within the 3 year period before employment and shall be verified every 3 years after the last verification.		
<b>R 400.4116 Employees; qualifications.</b>		
An employee who is in a position and who was approved under the rules that these rules supersede is deemed to be qualified for that position at the institution. A person appointed to a position after these rules become effective shall meet the qualifications of these rules for that position.		
<b>R 400.4117 Chief administrator; qualifications.</b>		
A chief administrator, at the time of appointment, shall possess 1 of the following:		
(a)	A master's degree in social work, sociology, psychology, guidance and counseling, education, business administration, criminal justice, or public administration and 2 years of experience in a child caring institution or child placing agency.	
(b)	A bachelor's degree with a major in social work, sociology, psychology, criminal justice, guidance and counseling, education, business administration, or public administration and 4 years of post-bachelor's degree experience in a child caring institution or child placing agency.	

<p><b>R 400.4118 Social service supervisor; qualifications.</b>  A social service supervisor, at the time of appointment to the position, shall possess 1 of the following:</p> <ul style="list-style-type: none"> <li>(a) A master's degree in social work and 1 year of experience as a social service worker.</li> <li>(b) A master's degree in sociology, psychology, criminal justice, or guidance and counseling and 2 years of experience as a social service worker.</li> <li>(c) A bachelor's degree in sociology, psychology, social work, criminal justice, or guidance and counseling and 4 years of experience as a social service worker in a child care organization. Two years of the 4 years of experience shall be in a child caring institution.</li> </ul>	
<p><b>R 400.4119 Social service worker; qualifications.</b>  A social service worker, at the time of appointment to the position, shall possess a bachelor's degree with a major in criminal justice, sociology, psychology, social work, or guidance and counseling.</p>	
<p><b>R 400.4120 Supervisor of direct care workers; qualifications.</b>  A supervisor of direct care workers shall have 1 of the following:</p> <ul style="list-style-type: none"> <li>(a) A bachelor's degree and 2 years of work experience in a child caring institution.</li> <li>(b) Two years of college and 3 years of work experience in a child caring institution.</li> <li>(c) A high school diploma and 4 years of work experience in a child caring institution.</li> </ul>	
<p><b>R 400.4121 Direct care worker; qualifications.</b>  A direct care worker shall have completed high school.</p>	
<p><b>R 400.4126 Sufficiency of staff.</b>  (1) The licensee shall have a sufficient number of administrative, supervisory, social service, direct care, and other staff to perform the prescribed functions required by these administrative rules and to provide for the needs, protection, and supervision of residents.</p>	
<p>(2) One direct care worker shall be responsible for not more than 10 residents at one time during residents' normal awake hours and not more than 20 residents at one time during the residents' normal sleeping hours.</p>	
<p><b>R 400.4127 Staff-to-resident ratio.</b>  (1) The licensee shall develop and adhere to a written staff-to-resident ratio formula for direct care workers.</p>	
<p>(2) The ratio formula for direct care workers shall correspond with the institution's purpose and the needs of the residents and shall assure the continual safety, protection, and direct care and supervision of residents.</p>	
<p>(3) The ratio formula used shall not be less than the number of workers required by R 400.4126(2).</p>	
<p><b>R 400.4128 Initial staff orientation and ongoing staff training.</b>  (1) The licensee shall provide an orientation program for new employees. The orientation shall include the following:</p> <ul style="list-style-type: none"> <li>(a) The institution's purpose, policies, and procedures, including discipline, crisis intervention techniques, and emergency and safety procedures.</li> <li>(b) The role of the staff members as related to service delivery and protection of the children.</li> </ul>	
<p>(2) There shall be a written plan of ongoing staff training related to individual job functions and the institution's program.</p>	
<p>(3) The licensee shall document that each direct care worker participated in a minimum of 50 clock hours of planned training within the first year of employment and a minimum of 25 clock hours of training annually thereafter.</p>	
<p>(4) Training opportunities shall include all of the following:</p> <ul style="list-style-type: none"> <li>(a) Developmental needs of children.</li> </ul>	

(b)	Child management techniques.	
(c)	Child management techniques.	
(d)	Appropriate discipline, crisis intervention, and child handling techniques.	
(e)	The direct care worker's and the social service worker's roles in the institution.	
(f)	Interpersonal communication.	
(g)	Proper and safe methods and techniques of restraint.	
(h)	First aid.	
<b>R 400.4130 Privacy and confidentiality.</b>		
(1)	An institution shall assure resident and parent privacy and confidentiality and shall protect residents from exploitation.	
(2)	A resident's identity may be disclosed for public purposes or publicity only after both of the following criteria are met:	
(a)	The parent has consented.	
(b)	The resident has consented if the resident is capable of consent.	
<b>R 400.4131 Compliance with child protection law</b>		
The licensee shall develop and implement a written plan to assure compliance with the provisions of Act No. 238 of the Public Acts of 1975, as amended, being §722.621 et seq. of the Michigan Compiled Laws, and known as the child protection law.		
<b>R 400.4132 Grievance procedures.</b>		
An institution shall develop and follow written procedures for redressing concerns, disagreements, complaints, and grievances of parents and residents.		
<b>R 400.4133 Institutional care for children under 6 years of age.</b>		
A child under 6 years of age shall not remain in an institution for more than 30 days, unless this stay is documented to be in the best interest of the child.		
<b>R 400.4134 Case record maintenance.</b>		
(1)	A case record shall be maintained for each resident.	
(2)	Service plans and narrative entries shall be dated and shall identify the individual making the entries.	
(3)	Records shall be maintained in a uniform and organized manner, shall be protected against destruction and damage, and shall be stored in a manner that safeguards confidentiality.	
<b>R 400.4137 Discipline and behavior management.</b>		
(1)	An institution shall establish and follow written policies and procedures regarding discipline and behavior management. Upon request, these shall be available to all residents, their families, and referring agencies. Staff shall receive a copy of these policies and procedures and shall comply with them.	
(2)	An institution shall prohibit all cruel and severe discipline, including any of the following:	
(a)	Any type of severe physical discipline inflicted in any manner.	
(b)	Group discipline for misbehavior of individuals, except in accordance with the institution's discipline policy.	
(c)	Verbal abuse, ridicule, or humiliation.	
(d)	Denial of any essential program services.	
(e)	Withholding of any meal.	
(f)	Denial of visits or communications with family.	
(g)	Denial of opportunity for at least 8 hours of sleep in a 24-hour period.	
(h)	Denial of shelter, clothing, or essential personal needs.	
(i)	Excessive chemical, mechanical, or physical restraint.	

(3)	Residents shall not be permitted to discipline other residents, except as part of an organized therapeutic self-governing program that is conducted in accordance with written policy and is supervised directly by designated staff.	
<b>R 400.4138 Religious policy and practices.</b>		
(1)	Each resident shall not be prohibited from participating in religious activities and services in accordance with the resident's own faith and parental direction.	
(2)	An institution shall establish and follow written policies for religious participation and training of residents. The institution shall provide the policy to parents and referral sources upon request.	
<b>R 400.4142 Resident and parent visitation.</b>		
An institution shall make provisions for visits between each resident and the resident's parents, except where parental rights have been terminated or the resident's record contains documentation that visitation is detrimental to the resident.		
<b>R 400.4143 Institution's serving developmentally disabled.</b>		
An institution providing care to developmentally disabled residents shall require direct care workers to follow written procedures for bathing, feeding, toilet training, and daily activities of residents.		
<b>R 400.4145 Mail.</b>		
Residents shall be permitted to send and receive mail. Residents' letters shall not be read by staff, except where there is clear and convincing evidence to justify such actions. If a letter requires staff reading, the resident shall be present when the letter is opened. Packages are exempted from the prohibition against inspection.		
<b>R 400.4146 Personal possessions and money.</b>		
(1)	Provision shall be made to safeguard residents' personal possessions and money.	
(2)	A resident's possessions and money held by the licensee shall be accurately accounted for and returned to the resident or guardian upon discharge.	
(3)	Accessible storage space shall be provided for personal possessions.	
<b>R 400.4147 Clothing.</b>		
Each resident shall have sufficient clean, properly fitting, seasonal clothing.		
<b>R 400.4150 Behavior management rooms; department approval required.</b>		
(1)	Prior to establishing a behavior management room, an institution shall have written approval from the department licensing authority.	
(2)	A behavior management room established and approved after the effective date of these rules shall be equipped with a 2-way monitoring device. The device shall be on and monitored by an employee when a resident is in the room.	
(3)	A behavior management room shall be constructed and located so as to allow for both visual and auditory supervision of a resident.	
(4)	The room shall be constructed and equipped so as to minimize suicide risk. Break-resistant glass and security screening shall be provided. The room shall have adequate lighting.	
(5)	The dimensions of the room shall not be less than 48 square feet for those behavior management rooms constructed after the effective date of these rules.	
(6)	In a secure facility, when a resident is confined to a room other than at normal sleeping times, the confining of the resident shall only be for behavior management purposes.	
<b>R 400.4152 Behavior management rooms; policies and procedures.</b>		
An institution approved to use a behavior management room shall establish and follow written policies and procedures specifying its use. The policy shall include, at a minimum, all of the following provisions:		
(a)	The room may only be used if a resident is out of control and is in danger of harming himself or herself or others.	
(b)	The room shall be used only for the time needed to change the behavior compelling its use.	
(c)	Not more than 1 resident shall be placed in a room at one time.	

(d)	Staff shall observe the resident at intervals of 15 minutes or less and shall record the observation in a behavior management log.	
(e)	The log shall include all of the following information:	
(i)	The name of the resident.	
(ii)	Time of each placement.	
(iii)	Name of staff person responsible for placement.	
(iv)	Description of specific behavior requiring use of the room.	
(v)	Time of each removal from the room.	
(f)	For each instance in which a resident remains in the room for more than 2 hours, the log shall also contain hourly supervisory approval and the reasons for continued use.	
(g)	When the behavior management room is used for more than 3 hours, there shall be administrative review above the level of the supervisor who approved the extended use. This review shall be completed and documented within 48 hours.	
<b>R 400.4160 Health services; policies and procedures.</b> An institution shall establish and follow written health service policies and procedures addressing all of the following: (a) Routine and emergency medical and dental care. <b>(b) Health screening procedures. (c) Maintenance of health records. (d) Storage of medications. (e) Dispensing medication. (f) Personnel authorized to dispense medications.</b>		
<b>R 400.4161 Medical treatment; supervision.</b> Medical treatment shall be under the supervision of a licensed physician.		
<b>R 400.4167 Reporting hospitalization or death of a resident.</b> (1) Any serious injury or illness requiring hospitalization of a resident shall be reported to the parent and responsible referring agency as soon as possible, but not more than 24 hours later. (2) The death of a resident shall be reported immediately to the parents or next of kin, the licensing authority, and the referring agency.		
<b>R 400.4168 Personal hygiene.</b> An institution shall assure that each resident maintains or receives personal care, hygiene, and grooming appropriate to the resident's age, sex, race, cultural background, and health needs.		
<b>R 400.4169 Resident nutrition.</b> (1) A licensee shall provide a minimum of 3 nutritious meals daily unless medically contraindicated and documented. (2) Meals shall meet the nutritional allowances recommended in the publication entitled, "Basic Nutrition Facts," pages 28-29, Michigan department of public health publication no. H-808, 1980. This publication may be obtained without charge from Nutrition Services, Bureau of Personal Health Services, Michigan Department of Public Health, P.O. Box 30035, Lansing, Michigan 48909. (3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet by a physician shall be provided such a diet. (4) Menus shall be written prior to the serving of the meal. Any change or substitution shall be noted and considered as part of the original menu.		

<b>R 400.4170 Emergency and disaster procedures.</b> An institution shall establish and follow written procedures for potential emergencies and disasters, including fire, severe weather, medical emergencies, and missing persons.	
<b>R 400.4172 Inspection and approval of institution</b> An institution, including new construction, additions, and conversions, shall be occupied by residents only after inspection and approval by the licensing authority.	
<b>R 400.4173 Plans and specifications.</b> (1) Plans and specifications shall be submitted to the licensing authority for review and approval prior to any remodeling in an institution or the construction or conversion of a structure for use as an institution.	
(2) The plans shall comply with all of the following provisions: (a) Show layout, room arrangements, construction materials to be used, and the location, size, and type of fixed equipment. (b) For additions, show those portions, including existing exits, types of construction, and room occupancies, which may be affected by the addition. (c) Be approved in writing by the licensing authority, fire inspecting authority, and the health inspecting authority before construction begins. (d) The plans for open institutions are not more than 6 residents need not be developed by an architect.	
<b>R 400.4175 Space and equipment requirements.</b> An institution shall provide sufficient resident living space, office space, and equipment to assure delivery of licensed services.	
<b>R 400.4176 Recreational activities, equipment, and supplies; swimming restriction.</b> (1) Residents shall be provided a variety of indoor and outdoor recreational activities designed to meet the residents' needs.	
(2) Appropriate recreation supplies and equipment shall be provided.	
(3) Swimming shall be permitted only where and when a qualified lifeguard is on duty.	
<b>R 400.4177 Sleeping rooms.</b> (1) <b>In new and converted institutions, single sleeping rooms shall not be less than 70 square feet, exclusive of closet space</b>	
(2) In new and converted institutions, multi-resident sleeping rooms shall not be less than 45 square feet per resident, exclusive of closet space.	
(3) Residents of the opposite sex over 5 years of age shall not sleep in the same sleeping room.	
(4) In new or converted secure institutions, locked resident sleeping rooms shall be equipped with a 2-way-monitoring device.	
<b>R 400.4178 Bedding and linen.</b> (1) Each resident shall be provided with an individual bed with a clean mattress and sufficient clean blankets.	
(2) Each resident shall be provided with clean sheets and a pillowcase at least weekly and more often if soiled.	
<b>R 400.4181 Driver license.</b> The driver of any vehicle transporting residents at the request of or on behalf of the licensee shall be an adult and possess a valid operator or chauffeur license with endorsement appropriate to the vehicle driven and the circumstances of its use.	
<b>R 400.4182 Seat occupancy.</b> Each resident transported shall occupy a manufacturer's designated seat.	
<b>R 400.4183 Safety belts.</b> In a vehicle which is required by law to be equipped with passenger safety belts, the driver and all passengers shall be properly restrained while the vehicle is in motion.	
<b>722.119 Sec. 9 (PA116 Amendment)</b> Is there a policy on the supervision of volunteers and volunteering parents of children receiving services?	
Is there a posting of intent to check criminal history?	

Part 2. SHORT AND LONG TERM INSTITUTIONS							File Names							
<p style="text-align: center;"><b>To Only Be Used For Institutions That Accept Mental Health Funding</b></p> <p style="text-align: center;"><b>Public Act 531</b></p> <p style="text-align: center;"><b>No Sample Size Specified</b></p>							1.	2.	3.	4.	5.	6.	7.	8.
<b>722.112c - (1) - Sec. 2C</b> If a child caring institution contracts with and receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in a child caring institution, the child caring institution may place a minor child in personal restraint or seclusion only as provided in this section and sections 2d and 2e but <b>shall not use mechanical restraint or chemical restraint.</b>														
<b>722.112d - Sec. 2d. - (1)</b> Personal restraint or seclusion <b>shall not be imposed as a means of coercion, discipline, convenience, or retaliation</b> by a child caring institution's staff.														
(2) An order for personal restraint or seclusion shall <b>not be written as a standing order</b> or on an as-needed basis.														
(3) Personal restraint or seclusion <b>must not result in harm or injury</b> to the minor child and shall be used <b>only to ensure the minor child's safety or the safety of others</b> during an emergency safety situation. Personal restraint or seclusion shall <b>only be used until the emergency safety situation has ceased</b> and the minor child's safety and the safety of others can be ensured even if the order for personal restraint or seclusion has not expired. Personal restraint and seclusion of a minor child <b>shall not be used simultaneously.</b>														
(4) Personal restraint or seclusion shall be performed in a manner that is <b>safe, appropriate, and proportionate</b> to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of physical or sexual abuse.														
(5) Except as provided in subsection (6), at the time a minor child is admitted to a child caring institution, the child caring institution shall do all of the following:														
(a) <b>Inform the minor child and his or her parent or legal guardian of the provider's policy regarding the use of personal restraint or seclusion</b> during an emergency safety situation that may occur while the minor child is under the care of the child caring institution.														
(b) <b>Communicate the provider's personal restraint and seclusion policy in a language that the minor child or his or her parent or legal guardian will understand</b> , including American sign language, if appropriate. The provider shall procure an interpreter or translator, if necessary to fulfill the requirement of this subdivision.														
(c) <b>Obtain a written acknowledgment from the minor child's parent or legal guardian</b> that he or she has been informed of the provider's policy on the use of personal restraint and seclusion during an emergency safety situation. The child caring institution's staff shall file the acknowledgment in the minor child's records.														
(d) <b>Provide a copy of the policy</b> to the minor child's parent or legal guardian.														



(6) The child caring institution <b>is not required</b> to inform, communicate, and obtain the written acknowledgment from a minor child's parent or legal guardian as specified in subsection (5) if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the <b>family division of circuit court</b> to a state institution, state agency, or otherwise, <b>and has been adjudicated to be a dependent, neglected, or delinquent</b> under chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that notice would not be in the minor child's best interest.								
(7) An order for personal restraint or seclusion shall <b>only be written by a licensed practitioner</b> .								
(8) A licensed practitioner shall order the least restrictive emergency safety intervention measure that is most likely to be effective in resolving the emergency safety situation based on consultation with staff. <b>Consideration of less restrictive emergency safety intervention measures shall be documented</b> in the minor child's record.								
(9) If the order for personal restraint or seclusion is <b>verbal</b> , it must be <b>received by</b> a child caring institution staff member who is 1 of the following: (a) <b>A licensed practitioner</b> . (b) A <b>social services supervisor</b> as described in R 400.4118 of the Michigan administrative code. (c) A <b>supervisor of direct care workers</b> as described in R 400.4120 of the Michigan administrative code. (d) A <b>practical nurse licensed</b> under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.								
(10) A verbal order must <b>be received while personal restraint or seclusion is being initiated</b> by child caring institution staff or immediately after the emergency safety situation begins. The <b>licensed practitioner shall be available</b> to staff for consultation, at least by telephone, throughout the period of personal restraint or seclusion. The <b>licensed practitioner shall verify the verbal order in signed written form</b> in the minor child's record.								
(11) An order for personal restraint or seclusion shall meet both of the following criteria: (a) Be limited to <b>no longer than the duration of the emergency</b> safety situation.								
(b) <b>Not exceed</b> 4 hours for a minor child 18 years of age or older; 2 hours for a minor child 9 to 17 years of age; or 1 hour for a minor child under 9 years of age.								
(12) If <b>more than 2 orders</b> for personal restraint or seclusion are ordered for a minor child within a 24-hour period, the <b>director</b> of the child caring institution or his or her designated management staff <b>shall be notified</b> to determine whether additional measures should be taken to facilitate discontinuation of personal restraint or seclusion.								
(13) If personal <b>restraint continues for less than 15 minutes or seclusion continues for less than 30 minutes</b> from the onset of the emergency safety intervention, the child caring institution <b>staff qualified to receive a verbal order for personal restraint or seclusion, in consultation with the licensed practitioner, shall evaluate the</b> minor child's psychological well-being immediately after the minor child is removed from seclusion or personal restraint. Staff shall also evaluate the minor child's physical well being or determine if an evaluation is needed by a licensed practitioner authorized to conduct a face-to-face assessment under subsection (14).								

(14) <b>A face-to-face assessment shall be conducted if the personal restraint continues for 15 minutes or more from the onset of the emergency safety intervention or if seclusion continues for 30 minutes or more from the onset of the emergency safety intervention. This face-to-face assessment shall be conducted by a licensed practitioner who is 1 of the following:</b> (a) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838. (b) An individual who has been issued a specialty certification as a <b>nurse practitioner</b> under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838. (c) A <b>physician's assistant</b> licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838. (d) A <b>registered nurse</b> licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.								
(15) The <b>face-to-face assessment shall be conducted within 1 hour of the onset of the emergency safety intervention and immediately after the minor child is removed from personal restraint or seclusion.</b> The face-to-face assessment of the physical and psychological well-being of the minor child shall include, but is not limited to, all of the following: (a) The minor child's <b>physical and psychological status</b> . (b) The minor child's <b>behavior</b> .								
(c) The <b>appropriateness of the intervention</b> measures.								
(d) Any <b>complications</b> resulting from the intervention.								
<b>722.112e - Sec. 2e</b> (1) A minor child <b>shall be released</b> from personal restraint or seclusion whenever the <b>circumstance</b> that justified the use of personal restraint or seclusion <b>no longer exists</b> .								
(2) Each instance of personal restraint or seclusion requires full justification for its use, and the results of the evaluation immediately following the use of personal restraint or seclusion shall be <b>placed in the minor child's record</b> .								
(3) Each <b>order for personal restraint</b> or seclusion shall include all of the following: (a) The name of the licensed practitioner ordering personal restraint or seclusion. (b) The <b>date and time the order was obtained</b> .								
(c) The personal <b>restraint or seclusion ordered</b> , including the <b>length of time</b> for which the licensed practitioner ordered its use.								
(4) The child caring institution staff shall <b>document the use of the personal restraint or seclusion in the minor child's record</b> . That documentation shall be completed <b>by the end of the shift</b> in which the personal restraint or seclusion occurred. If the personal restraint or seclusion does not end during the shift in which it began, documentation shall be completed <b>during the shift in which the personal restraint or seclusion ends</b> . Documentation shall include all of the following: (a) <b>Each order</b> for personal restraint or seclusion. (b) The <b>time</b> the personal restraint or seclusion actually <b>began and ended</b> .								
(c) The <b>time and results of the 1-hour assessment</b> .								
(d) The <b>emergency safety situation that required</b> the resident to be personally restrained or secluded.								
(e) The <b>name of the staff</b> involved in the personal restraint or seclusion.								

(5) The child caring institution staff trained in the use of personal restraint shall <b>continually assess and monitor</b> the physical and psychological well-being of the minor child and the safe use of personal restraint throughout the duration of its implementation.								
(6) The child caring institution staff trained in the use of seclusion shall be <b>physically present in or immediately outside the seclusion room</b> , continually assessing, monitoring, and evaluating the physical and psychological well-being of the minor. Video monitoring shall not be exclusively used to meet this requirement.								
(7) The child caring institution staff shall ensure <b>that documentation of staff monitoring and observation is entered into the minor child's record</b> .								
(8) If the emergency safety intervention continues <b>beyond the time limit of the order</b> for use of personal restraint or seclusion, child caring institution staff authorized to receive verbal orders for personal restraint or seclusion shall <b>immediately contact the licensed practitioner</b> to receive further instructions.								
(9) The child caring institution staff shall <b>notify the minor child's parent or legal guardian and the appropriate state or local government agency</b> that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible after the initiation of personal restraint or seclusion. This notification shall be documented in the minor child's record, including the date and time of the notification, the name of the staff person providing the notification, and the name of the person to whom notification of the incident was reported. The child caring institution is <b>not required to notify</b> the parent or legal guardian as provided in this subsection if the minor child is within the care and supervision of the child caring institution as a <b>result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudged to be dependent, neglected, or delinquent</b> under chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that the notice would not be in the minor child's best interest.								
(10) Within 24 hours after the use of personal restraint or seclusion, child caring institution staff involved in the emergency safety intervention and the minor child shall have a face-to-face debriefing session. The debriefing shall include all staff involved in the seclusion or personal restraint except if the presence of a particular staff person may jeopardize the well-being of the minor child. Other staff members and the minor child's parent or legal guardian may participate in the debriefing if it is considered appropriate by the child caring institution.								
(11) The child caring institution shall conduct a debriefing in a language that is understood by the minor child. The debriefing shall provide both the minor child and the staff opportunity to discuss the circumstances resulting in the use of personal restraint or seclusion and strategies to be used by staff, the minor child, or others that could prevent the future use of personal restraint or seclusion.								
(12) Within 24 hours after the use of personal restraint or seclusion, all child caring institution staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, shall conduct a debriefing session that includes, at a minimum, all of the following:								
(a) Discussion of the emergency safety situation that required personal restraint or seclusion, including a discussion of precipitating factors that led up to the situation.								
(b) Alternative techniques that might have prevented the use of personal restraint or seclusion.								
(c) The procedures, if any, that child caring institution staff are to implement to prevent a recurrence of the use of personal restraint or seclusion.								
(d) The outcome of the emergency safety intervention, including any injury that may have resulted from the use of personal restraint or seclusion.								

(13) The child caring institution staff shall document in the minor child's record that both debriefing sessions took place and shall include the names of staff who were present for the debriefings, names of staff that were excused from the debriefings, and changes to the minor child's treatment plan that result from the debriefings.								
(14) Each child caring institution subject to this section and sections 2c and 2d shall report each serious occurrence to the state agency licensing the child caring institution. The state agency licensing the child caring institution shall make the reports available to the designated state protection and advocacy system upon request of the designated state protection and advocacy system. Serious occurrences to be reported include a minor child's death, a serious injury to a minor child, and a minor child's suicide attempt. Staff shall report any serious occurrence involving a minor child by no later than close of business of the next business day after a serious occurrence. The report shall include the name of the minor child involved in the serious occurrence, a description of the occurrence, and the name, street address, and telephone number of the child caring institution. The child caring institution shall notify the minor child's parent or legal guardian and the appropriate state or local government agency that has responsibility for the minor child if the minor child is under the supervision of the child caring institution as a result of an order of commitment by the family division of circuit court to a state institution or otherwise as soon as possible and not later than 24 hours after the serious occurrence. Staff shall document in the minor child's record that the serious occurrence was reported to both the state agency licensing the child caring institution and the state-designated protection and advocacy system, including the name of the person to whom notification of the incident was reported. A copy of the report shall be maintained in the minor child's record, as well as in the incident and accident report logs kept by the child caring institution.								
(15) Each child caring institution subject to this section and sections 2c and 2d shall maintain a record of the incidences in which personal restraint or seclusion was used for all minor children. The record shall include all of the following information:								
(a) Whether personal restraint or seclusion was used.								
(b) The setting, unit, or location in which personal restraint or seclusion was used.								
(c) Staff who initiated the process.								
(d) The duration of each use of personal restraint or seclusion.								
(e) The date, time, and day of the week restraint or seclusion was initiated.								
(f) Whether injuries were sustained by the minor child or staff.								
(g) The age and gender of the minor child.								
(16) Each child caring institution subject to this section and sections 2c and 2d shall submit a report annually to the state agency that licenses the child caring institution containing the aggregate data from the record of incidences for each 12-month period as directed by the state licensing agency. The state licensing agency shall prepare reporting forms to be used by the child caring institution, shall aggregate the data collected from each child caring institution, and shall annually report the data to each child caring institution and the state-designated protection and advocacy system.								

Part 3. SHORT TERM INSTITUTIONS			File Names																						
<b>NUMBER OF OPEN FILES:</b> _____ <b>Renewal Sample Sizes</b> <table><tr><td><u># of records</u> <u>per function</u></td><td><u>Active</u> <u>Sample Size</u></td><td><u>Closed</u> <u>Sample Size</u></td></tr><tr><td>1-3</td><td>All</td><td>2</td></tr><tr><td>4-30</td><td>3</td><td>2</td></tr><tr><td>31-60</td><td>6</td><td>4</td></tr><tr><td>61-90</td><td>8</td><td>8</td></tr></table>			<u># of records</u> <u>per function</u>	<u>Active</u> <u>Sample Size</u>	<u>Closed</u> <u>Sample Size</u>	1-3	All	2	4-30	3	2	31-60	6	4	61-90	8	8	9.	10.	11.	12.	13.	14.	15.	16.
<u># of records</u> <u>per function</u>	<u>Active</u> <u>Sample Size</u>	<u>Closed</u> <u>Sample Size</u>																							
1-3	All	2																							
4-30	3	2																							
31-60	6	4																							
61-90	8	8																							
<b>R 400.4141 Initial documentation.</b> Upon admission, all of the following shall be in the resident's case record. (a) Name, address, birth date, sex, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.																									
(b) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.																									
(c) Name, address, and marital status of parents and name and address of legal guardian, if known.																									
(d) Date of admission and legal status.																									
(e) Documentation of legal right to provide care.																									
(f) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a(1), (2), and (3) of Act No. 116 of the Public Acts of 1973, as amended, being §722.124a(1), (2), and (3) of the Michigan Compiled Laws.																									
(g) A brief description of the circumstances leading to the need for care.																									
<b>R 400.4144 Education.</b> (1) An institution shall not admit a child for care unless an appropriate educational program can be provided.																									
(2) Provision shall be made for an appropriate education program in accordance with Act No. 451 of the Public Acts of 1976, as amended, being §380.1 et seq. of the Michigan Compiled Laws, and known as the school code of 1976, not later than 5 school days after admission and continuously thereafter for each resident of school age.																									

<b>R 400.4148 Resident work experience.</b> Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident.	1.	2.	3.	4.	5.	6.	7.	8.
<b>R 400.4232 Admission physical examination.</b> A short-term institution shall have documentation of an admission physical examination for each resident as follows, unless greater frequency is medically indicated: (a) For a resident under 3 years of age, a physical examination shall have been completed within 3 months prior to admission or a new physical examination shall be completed within 7 days after admission.								
(b) For a resident 3 years of age and over, a physical examination shall have been completed within 1 year prior to admission or a new physical examination shall be completed within 7 days after admission.								
<b>R 400.4234 Preliminary service plan.</b> A brief plan shall be developed within 7 calendar days of admission for each resident. The plan shall include both of the following: (a) An assessment of the resident's immediate and specific needs.								
(b) The specific services to be provided by the institution and other resources to meet the needs.								
<b>R 400.4237 Resident assessment.</b> (1) A written resident assessment shall be completed 30 days after admission and every 15 days thereafter. The assessment shall include all of the following: (a) The reasons for continued care.								
(b) Plans for other placement.								
(c) Barriers to other placement and plans to eliminate the barriers.								
(2) Copies of the plan shall be maintained at the institution.								

Part 4. RESIDENTIAL TREATMENT INSTITUTIONS				File Names																															
NUMBER OF OPEN FILES: _____				1.	2.	3.	4.	5.	6.	7.	8.																								
<b>Renewal Sample Sizes</b> <table border="0"> <tr> <td># of records</td> <td>Active</td> <td>Closed</td> <td></td> </tr> <tr> <td>per function</td> <td>Sample Size</td> <td>Sample Size</td> <td></td> </tr> <tr> <td>1-3</td> <td>All</td> <td></td> <td>2</td> </tr> <tr> <td>4-30</td> <td>3</td> <td></td> <td>2</td> </tr> <tr> <td>31-60</td> <td>6</td> <td></td> <td>4</td> </tr> <tr> <td>61-90</td> <td>8</td> <td></td> <td>8</td> </tr> </table>				# of records	Active	Closed		per function	Sample Size	Sample Size		1-3	All		2	4-30	3		2	31-60	6		4	61-90	8		8								
# of records	Active	Closed																																	
per function	Sample Size	Sample Size																																	
1-3	All		2																																
4-30	3		2																																
31-60	6		4																																
61-90	8		8																																
<b>R 400.4141 Initial documentation.</b> Upon admission, all of the following shall be in the resident's case record.																																			
(a) Name, address, birth date, sex, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.																																			
(b) A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.																																			
(c) Name, address, and marital status of parents and name and address of legal guardian, if known.																																			
(d) Date of admission and legal status.																																			
(e) Documentation of legal right to provide care.																																			
(f) Authorization to provide medical, dental, and surgical care and treatment as provided in section 14a(1), (2), and (3) of Act No. 116 of the Public Acts of 1973, as amended, being §722.124a(1), (2), and (3) of the Michigan Compiled Laws.																																			
(g) A brief description of the circumstances leading to the need for care.																																			
<b>R 400.4144 Education.</b> (1) An institution shall not admit a child for care unless an appropriate educational program can be provided																																			
(2) Provision shall be made for an appropriate education program in accordance with Act No. 451 of the Public Acts of 1976, as amended, being §380.1 et seq. of the Michigan Compiled Laws, and known as the school code of 1976, not later than 5 school days after admission and continuously thereafter for each resident of school age.																																			
<b>R 400.4148 Resident work experience.</b> Work experiences for a resident shall be appropriate to the age, health, and abilities of the resident.																																			
<b>R 400.4331 Admission of child.</b> A child shall be admitted only after establishing that the institution is an appropriate placement to meet the child's needs.																																			

<b>R 400.4332 Admission physical examination.</b>								
(1)	An institution shall have documentation of an admission physical examination for each resident as follows, unless greater frequency is medically indicated:							
(a)	For a resident under 1 year of age, a physical examination shall have been completed within 3 months prior to admission or a new physical examination shall be completed within 30 days after admission.							
(b)	For a resident 1 year of age or over, a physical examination shall have been completed within 1 year prior to admission or a new physical examination completed within 30 days after admission.							
(2)	Sufficient health history information shall be documented for each resident to assure proper medical care.							
<b>R 400.4334 Immunizations.</b>								
(1)	A resident shall have current immunizations as required by the department of public health.							
(2)	If documentation of immunization is unavailable, immunizations shall begin within 30 days of admission, unless a statement from a physician indicating that immunizations are contraindicated is included in the resident's record.							
(3)	A statement from a physician, referring agency, parent, or guardian indicating immunizations are current is sufficient documentation of immunizations.							
<b>R 400.4335 Dental care.</b>								
A licensee shall arrange for the provision of and shall document dental examination and treatment for each resident 3 years of age and older. A dental examination within 12 months prior to admission shall be documented or there shall be an examination not later than 3 months following admission. Reexamination shall be provided at least annually.								
<b>R 400.4336 Initial service plan.</b>								
(1)	An initial service plan shall be completed by the social service worker for each resident within 30 days of admission.							
(2)	The initial service plan shall be developed with the resident, the resident's parents, and the referral source, unless documented as inappropriate.							
(3)	The initial service plan for each resident and family shall comply with all of the following provisions:							
(a)	Assess the resident's and family's strengths and weaknesses in the areas of education, economics, psychology, society, and health, as these relate to the resident's needs.							
(b)	Identify plans for parent and child visitation.							
(c)	Specify treatment goals to remedy the problems of the resident and family and time frames for achieving the goals.							
(d)	Identify indicators of goal achievement.							
(e)	Specify the person responsible for coordinating and implementing the resident and family treatment goals.							
(f)	Specify staff techniques for achieving the resident's treatment goals.							
(g)	Specify the projected length of stay and next placement.							



<b>R 400.4337 Updated service plan.</b>		1.	2.	3.	4.	5.	6.	7.	8.
(1)	An updated service plan shall be completed and recorded by the social services worker for each resident at least once every 3 months following the initial service plan.								
(2)	The updated service plan shall be developed with the resident, the resident's parents, and the referral source, unless documented as inappropriate.								
(3)	The updated service plan shall include the following information:								
(a)	Progress made toward achieving the goals established in the previous service plan.								
(b)	Any changes in the service plan, including new problems and new goals to remedy the problems. Indicators of goals and time frames for achievement shall be specified.								

Short Term or Long Term Closed Files			File Names								
NUMBER OF CLOSED FILES: _____			8.	7.	6.	5.	4.	3.	2.	1.	
<b>Renewal Sample Sizes</b> <u># of records</u> <u>Active</u> <u>Closed</u> <u>per function</u> <u>Sample Size</u> <u>Sample Size</u> 1-3                                      All                                      2 4-30                                      3                                      2 31-60                                      6                                      4 61-90                                      8                                      8											
Short Term	<b>R 400.4238 Discharge plan.</b>										
	(1) When a resident is discharged, all of the following shall be documented:										
	(a) The reason for discharge.										
	(b) New location of the child.										
	(c) A brief summary or other documentation of medical and dental services provided while in residence.										
	(d) The name and official title of the person to whom the resident was released.										
	(2) For an unplanned discharge, there shall be a brief summary or other documentation of the circumstances surrounding the discharge.										
Long Term	<b>R 400.4338 Content of discharge services plan.</b>										
	When a resident is discharged from institutional care, all of the following information shall be documented in the case record within 14 days after discharge:										
	(a) The reason for discharge and the new location of the child.										
	(b) An assessment of the resident's needs which remain to be met.										
	(c) A statement that the discharge plan recommendations have been reviewed with the resident and parent.										
	(d) The name and official title of the person to whom the resident was discharged.										